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SECURITY COUNCIL
Fiftieth year

Letter dated 20 November 1995 from the Chargé d'affaires a.i. of the Permanent Mission of Yugoslavia to the United Nations addressed to the Secretary-General

I have the honour to transmit the report of the Yugoslav Committee for the Collection of Data on Crimes Committed against Humanity and International Law dated 15 March 1995, entitled "Torture in the camps for Serbs in the former Bosnia and Herzegovina - forensic, medical and psychiatric aspects".

I should be grateful if you would have the text of the present letter and its annex circulated as an official document of the General Assembly, under agenda item 28, and of the Security Council.

(Signed) Vladislav JOVANOVIĆ
Chargé d'affaires a.i.

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ANNEX

Torture in the camps for Serbs in the former Bosnia and Herzegovina - Report of the Committee for the Collection of Data on Crimes Committed against Humanity and International Law dated 15 March 1995 - forensic, medical and psychiatric aspects

1. The present report, which provides a summary of certain medical findings, covers all the detainees examined by a team of physicians of the Medical Faculty in Belgrade who have been engaged by the Committee. The team included:

- Prof. Dusan J. Dunjic, M.D., specialist in forensic medicine;
- Assistant Prof. Branimir Aleksandric, M.D., specialist in forensic medicine;
- Assistant Prof. Dragan Jecmenica, M.D., specialist in forensic medicine;
- Prof. Maksim Sternic, M.D., specialist in neuropsychiatry;
- Assistant Aleksandar Jovanovic, M.D., specialist in neuropsychiatry;
- Department Head Julijana Puric-Pejaković, M.D., specialist in neuropsychiatry.

2. Medical examinations were performed at the General Hospital in Brčko and in Samać (1994), at the General Hospital in Trebinje (1994), the General Hospital in Derventa (1994), the General Hospital in Jajce (1994), the General Hospital in Zvornik (1995) and at the General Hospital in Modrica (1995). A detainee from Tuzla was examined at the Institute for Forensic Medicine in Belgrade in 1995.

Serb victims of Croato-Muslim detention camps were examined.

3. The data presented here must be interpreted very tentatively, as a rather small number of detainees have been examined by the above team relative to the total number of detainees. The examined victims agreed to undergo examination on a voluntary basis, reported of their own free will on their discomfort and made observations which we have reported on. In our talks with them, we established that a large number of detainees did not wish to recall the period they had spent in the camps, nor to undergo medical examination. This applied in particular to raped women. Complying with the humane and ethical principles of our profession, we have not referred to such cases in our report. Thus, the report covers only two cases of women who have spent a while in detention camps (in Herzegovina), of which just one agreed to speak out about the rapes she had been subjected to.

4. All victims who have been examined by the team have also been photographed following personal identification (identity cards, passports, refugee cards, military service cards).

5. Apart from forensic-medical-neuropsychiatric examinations, additional examinations have been carried out as well (X-ray examinations and check-ups and findings by physicians specializing in other medical fields). In the preparation of the final written expert opinions, medical documents provided by the patients have also been made use of. Examinations were carried out on the basis of previously structured questionnaires in compliance with relevant international standards.

Medical findings

6. A total of 92 detainees have been examined: 2 at Brčko; 18 in Samač; 22 in Trebinje; 22 in Derventa; 2 in Jajce; 8 in Zvornik; 17 in Modrica and a detainee from Tuzla examined at the Forensic Medicine Institute of the Medical Faculty in Belgrade.

7. The length of stay at a camp is shown in the chart. The data were disaggregated according to the number of days spent in detention. However, these numbers below must be taken with a certain reservation as most detainees were unable to give precise information on the duration of their stay there.

Length of stay in camps in days
(N = 92)

Up to 31 days	10
Between 31 and 60 days	29
Between 91 and 180 days	30
Between 181 and 365 days	15
Over 365 days	8

Effects of inflicted injuries as evidence of torture

(a) Neuropsychiatric effects

8. Any research into the long-term physical and psychosocial effects of torture of persons held captive by the enemy in the course of the ongoing Yugoslav civil war calls certainly for a comprehensive prospective study. This follows primarily from the fact that over 45 per cent of respondents examined by the team within the framework of the activities of the War Crimes Committee have, as a result of torture they had been subjected to by the enemy in the course of their captivity during the current Yugoslav civil war, developed a post-traumatic stress disorder of a chronic nature and with frequent complications in the form of major depression and suicidal thoughts, drastic psychosocial consequences and grave effects on their corporal health (see the chart on the neurological and psychiatric effects of torture).

Neurological and psychiatric effects of torture
(N = 92)

Without any neurological or psychiatric effects	7
Neurological effects only	12
Psychiatric effects only	47
Both neurological and psychiatric effects	26

(b) Corporal effects

9. The tables and charts on corporal (physical) effects show the total number of effects on the examined detainees by body parts established impartially by our examinations. These effects have been classified under the following headings: scars on the skin; bone scars; deformities (deficiencies, disfigurements); and missing teeth.

Corporal effects of torture
(N = 92)

Without any scars/missing teeth/deformities	4
Scars on the skin/missing teeth	51
Scars + deformities/disfigurement	37

10. In addition, it is particularly important to recognize the fairly established number of the effects corporal traumas had on specific parts of the body. In this context, we wish to mention that the established number of chest injuries is not absolute, i.e. does not correspond to the number of established rib fractures. Namely, in all cases with rib fractures where no visible scars or deformities could be observed, we only noted that the examined person had suffered one chest injury, although their X-ray findings pointed to multiple rib fractures on one or even on both sides.

Head

Three and more scars	17%
Two scars	10%
One scar	33%
No scars	40%

Number of scars confirming torture and their distribution
(N = 92)

	No scars	One scar	Two scars	Three scars and over
Head	37	30	9	16
Neck	82	7	3	0
Chest	44	37	8	3
Stomach	77	14	1	0
Arm	43	20	10	19
Leg	45	19	13	15
Genitals	89	3	0	0

Methods and means of torture

11. Numerous research findings (Moric-Petrović et al., 1963; United Nations, 1985; Turner, S., Gorst-Unsworth, C., 1990) have shown the worst psycho-traumatic experience to be the one deriving from stressors of human design and causing in the victim a state of intensive anxiety, terror and helplessness. The prototype of such experience is torture to which victims are subjected in captivity. Torture is here defined in conformity with the criteria contained in the relevant United Nations conventions on torture and other cruel, degrading and inhuman treatment and punishment (United Nations, 1985). We believe that the distinctive and destructive nature of this experience is adequately exemplified by the list of methods and means of torture which, according to their own reports, the examined persons had experienced or seen (classification of the methods of torture into physical, mental and combined is given tentatively and adopted primarily for reasons of clarity; by activating the stress mechanism - each torture, basically, affects all personality aspects):

1. Method of torture

(a) Corporal (or mostly corporal)

1. Beatings with different objects, hitting, kicking and punching on all parts of the body.

2. Kicking with a heavy soldier's boot or with a solid object always on the same place (most often knee, elbow, head or sole of foot).

3. Tying by the wrists and/or legs and beating with fists, heavy soldier's boots, butt of a rifle, gun handle, hammer, truncheons, flogging with wire or with iron bars of all body parts including head and genitals.

4. Firing of blank cartridges into the anus of the victim (death occurs five to six hours later with grave meteorism and as a result of internal haemorrhage).

5. Smashing the victim's head against the wall.

6. Hours-long suspension by the wrists or legs with and without simultaneous beating or rape.

7. Forcible pouring of petrol or salty water into the victim's mouth.

8. Forcible "bathing" with the use of firefighting hoses at close range.

9. Tying of victims to a tree in wintertime and pouring ice-cold water on them until they freeze.

10. Forcing victims to stand motionless in the sun for several hours in summertime.

11. Causing burns with the use of welding torches, red-hot tongs and with other red-hot objects.

12. Causing skin burns by suddenly turning on hot water during bathing.

13. Putting out cigarettes by pressing them against the victim's body.

14. Putting out butts in the victim's mouth.

15. Forcing victims to eat pebbles or chew broken glass.

16. Putting a helmet on the victim's head and hitting it with different objects.

17. Tying the victim's genitals to his ears with an electric wire and turning on electricity or flogging the victim on the back.

18. Nailing the victim's two hands to a board with a hammer and forcing the victim to walk around like that for a whole day.

19. Enucleation of a part of the victim's body (a testis or an eye) and forcing the victim to swallow it.

20. Making cuts in the victim's body, especially on the neck and genitals (often sprinkling salt on created "pockets").

21. Tearing the victim's skin off and sprinkling salt on the wounds.

22. Knocking out teeth.

23. Gouging eyes with fingers or with a knife.

24. "Stereo" torture (the torturer causes eardrum popping in the victim by punching him simultaneously on his ears with both fists in kid gloves or without gloves).

25. Forcible punching of objects into the victim's anus, mouth, eyes, nose or ears.

26. Shooting the victim with a firearm at close range.

27. Giving injections of petrol or a salty solution.

28. Starving the victim by not giving him anything to eat for several days.

29. Torturing the victim with thirst especially in summertime by giving him salted food.

30. Tying the genitals with a metal wire and stretching them.

31. Setting on fire the victim's beard and body parts.

32. Shutting victims up in special airless chambers until they lose consciousness.

33. Making victims run and walk barefoot and in heavy soldier's boots for several hours until the soles of their feet become sore all over.

34. Tying with chains and torturing in a variety of other ways.

35. Bringing the camp guards' children and wives to beat naked detainees.

36. Beating a victim with metal spiked gloves.

37. Punching the victim on the head with different objects.

38. Continuous beating for several hours.

(b) Mental (or mostly mental)

1. Forcing victims to eat the meat of a roasted newborn.

2. Cursing and calling detainees names.

3. Forcing victims (under the threat of death) to listen to the other victims of torture screaming or to eyewitness their torture or their death.

4. Making victims imitate animals (a dog, a pig).

5. Preventing victims from falling asleep.

6. Taking victims out for false executions.

7. Putting the end of gun in the victim's mouth (sometimes followed by execution in the presence of others).

8. Telling the victim that his next of kin have been killed (raped and their throats slit).

9. Forcing the victims to urinate and defecate in a crowded dormitory (or in a trailer with a tarpaulin where they are kept for several days) without providing any pots.

10. Forcing the victim to curse his own faith, its patron saints or to spit at icons.

11. Forcing the victim (under the threat of death) to speak nicely about the conditions of his captivity before representatives of international humanitarian organizations or to sign a statement attesting to fair treatment received while in detention/prison).

(c) Combination (of mental and corporal torture)

1. Individual or group rape of female detainees, including anal rape and fellatio.

2. Forced placement of captured female adolescents in brothels and making them work as prostitutes until they conceive, and their "release" when they are seven or eight months pregnant.

3. Forcing inmates, especially brothers or a father and his son, to engage in mutual fellatio or to have anal intercourse.

4. Putting the victim viciously to death, following long hours of torture and intimidation in the presence of others (by slitting his throat, firing a bullet in his mouth, hanging, tearing off his skin, by strangulation with bare hands, roasting the victim on a spit or by impaling him).

5. Forcing the victim to pluck out grass or lick the blood-, faeces- or urine-stained floor.

6. Forcing the victim to drink his own urine, swallow his cut-off hair or cigarette butts soaked in urine and the like.

7. Defecating or urinating in the victim's mouth.

8. Forcing inmates to dig trenches on the front line or to sweep minefields, with consequent victimization.

9. Making the victim stand waist-deep in water and hold a dead suckling of pig in his hands, ordering him to make sure that the pig does not drown.

10. Forcing detainees to slap each other on the face, curse each other, swear and spit.

11. Taking detainees through an urban area encouraging locals to lynch them.

12. Bringing to the camp villagers from nearby communities and letting them beat the tied-up inmates in a variety of ways and with a large number of different objects.

13. Bringing combatants to the camp after a battle and letting them indulge in the abuse of detainees.

14. Walking detainees on a chain around or outside the camp as if they were animals.

2. Means of torture

(a) Mechanical

1. Fist/knee.
2. Head (blow).
3. Bites/biting off an ear/with one's teeth.
4. Sole of foot (heavy soldier's boot).
5. Knife (bayonet).
6. Butt of rifle.
7. A metal bar/baseball bat.
8. Truncheon.
9. Whip (metal).
10. Hammer/mallet.
11. Axe/hatchet.
12. A variety of solid objects (stone, bench, weight on a scale and the like).
13. Rope or a wire to tie up the victim with.

(b) Physical-chemical

1. Low-voltage electricity.
2. Thermal (freezing/burns).
3. Chemical preparations.
4. Special electric clubs.

(c) Firearms

(d) Nutritional

1. Denying food and/or water.

2. Giving inadequate food and/or water.

(e) Combined

What is of special importance is that most victims have been subjected to:

- A combination of methods and means of torture;

- Frequently repeated torture during the same day or the same week;

- Group torture or to torture of an individual in the presence of a group of detainees.

12. The table which follows offers a summary breakdown of the methods of torture into three groups: mostly corporal; mostly mental; and combined forms of torture. Specific individual cases have been dealt with under a separate heading titled "Specific cases". All the above-mentioned cases are also shown separately in the tables that form an integral part of this report.*

Methods of torture	Yes (%)	No (%)
Mostly corporal torture		
Beating	91.99	1.1
Firearms	21.23	71.77
Forcing to eat repugnant substances	22.24	70.76
Forcing to stand for long hours in the sun and/or in water	8.9	84.91
Burning a part of the body	17.18	75.82
Putting out cigarettes on the body	27.29	65.71
Torture with the use of electricity	13.14	79.86
Knocking out/extracting teeth	16.17	76.83
Breaking bones	33.36	50.64
Stereo torture	9.10	83.90
Torture through starvation and thirst	49.52	44.89
Cutting/pricking	36.30	56.61
Pulling out nails	7.8	8.92

* Tables not included.

Methods of torture	Yes (%)	No (%)
Mostly mental torture		
Cursing, shouting, insulting in different ways	84.91	8.9
False execution	40.43	52.57
Prevention from falling asleep	10.21	73.79
False reports on the death of next of kin	5.5	87.95
Witnessing torture and killing of other detainees	20.22	72.78
Witnessing rape of next of kin	2.2	90.98
Making victims commit perjury	12.13	80.87
Combined torture		
Individual and group rapes	10.11	82.89
Forcing detainees to perform mutual fellatio and to have anal intercourse	10.11	82.89
Forcing detainees to beat one another	18.20	74.80
Defecating and urinating in detainees' mouths	3.3	89.97
Forcing detainees to lick the floor stained with faeces, blood and beating them as they do so	6.7	86.93
Forcing to dig trenches on front line or sweep minefields	16.17	76.83

Specific cases

Asphyxiation in a hermetically sealed manhole.

Had to eat his plucked-out hair twice during detention.

Pressing on the throat with the hands, rape.

Had to run barefoot in heavy soldier's boots until the soles of his feet got sore.

Chained to the old bridge in Mostar.

His testis taken out with spiked gloves.

Attempted suicide in the camp and then treated for "conjunctivitis".

Burnt with hot-red tongs.

Burnt with a hot-red wire.

Forced to eat meat of a roasted newborn.

Chained, beaten and starved.

Enucleation of eyeballs.

Enucleation of eyeballs, jumping from on high onto the ground "as if into water", beaten by children.

They applied salt on his shrapnel wounds.

His penis tied with a wire and stretched.

His ear bitten off.

His neck broken.

Amputation of arms and legs.

13. The present civil, religious and inter-ethnic war in the space of Yugoslavia has since its outbreak in the early 1990s, by destroying human souls and family homes, created a terrible endemic hotbed of war-related post-traumatic stress disorder and the afflicted victims have been admitted to our mental wards in ever larger numbers and this will continue long after the end of this war considering the unfavourable social and economic milieux (Cucic, V., Bjegovic, V., Djokic, D., 1994; Popovic, M., 1994; Zalobar, J., 1994), the chronic nature of the disease and the possibility of long-lasting, sometimes year-long, latency of the forms with postponed incidence (Andreasen, N. C., 1985; Horowitz, M. J., 1994). We can only guess at the scope and implications of this phenomenon, both in the health and the broader social context, given that the afflicted persons also tend to report serious functioning disorders in their family and in their broader social and professional environs. The fact should not be lost sight of that, according to statistics, 15 to 20 per cent of the adult population are prone to this disorder and up to 80 per cent of children are exposed to extremely strong or disastrous life stressors (Andreasen, N. C., 1985). This disorder is, evidently, graver, lasts longer and has a higher incidence of probability when it appears as a result of man-made destruction, as, for example, with war-related post-traumatic stress disorder cases (WHO, 1994). It could be said that there is increasing professional experience in our milieux in treating this ever more frequent disorder in the wake of the ongoing war and related social and economic turbulence (Polovina, N., Divac, Lj., 1992; Pejovic, M., 1992; Kalicanin, P., Lecic-Tosevski, D., 1994). It is therefore in that light that the significance of this paper should be seen for it renders a contribution to the study of family relations as an important factor of pathogenesis and in the treatment of post-traumatic stress disorder.

14. There is no doubt that the price of developing the technology of evil, aggression and destruction in the ongoing psychological, economic and armed conflicts is not only being paid by the victims of primary (direct) traumatization, but also by all those (family members, first of all) who are exposed to secondary traumatization, i.e. the symptoms of those afflicted by the post-traumatic stress disorder; the victims of what is known as tertiary traumatization have of late been increasingly in the focus of attention as the

victims of secondary traumatization can exert a pathogenic influence on their surroundings and their offspring (Davidson, S., 1980; Agger, I., Jensen, S. B., 1994).

15. It is a well-known fact that the stressors of human design are characterized by higher probability of causing intensive anxiety, terror and the feeling of helplessness in the victim, and accordingly of post-traumatic stress disorder as well, as shown by countless studies into the state of detainees who have survived torture in detention camps (Bailly, L., Jaffe, H., Pagella, A., 1988; Rasmussen, O. V., 1990; Lifton, R. J., 1993), but also by the research on the torture inflicted in peacetime upon sexually and physically abused children or women and/or on the victims of violence (Coons, P. M. et al., 1989; Pitman, R. K., Orr., S. P., 1993).

16. The availability of case-history data of relevance to psychiatric heredity was established much more often in patients with post-traumatic stress disorder than in other respondents. Case-history data of relevance to psychiatric heredity reflected the existence of mental patients or suicidal patterns among the respondent's closest (primary) relatives. These findings are in keeping with the research conducted so far which generally indicates that the families of patients with post-traumatic stress disorder run a higher risk of contracting mental disorders than other families (Davidson, J. R., Hughes, D., Blazer, D. G., George, L. K., 1991).

17. The feeling of those taking part in the war that their personal physical integrity and life were at risk was an integral part of the unfortunate wartime calamity that severed these people's links with their peacetime reality and played havoc with their system of values which enhanced meaningful life, love and security.

18. The principal feature of all events which can be described as the cause of depression is that they inflict damage upon the person concerned and take away the hope that such damage is redeemable. Today people most often speak of three types of loss: the loss of a dear person, of one's role, and of ideation, and our respondents have reported losses in all of these categories.

19. The majority of cases did not come back to work after their return from the front line; they withdrew into themselves unable to bridge the gap between their wartime and peacetime realities, thus weakening their families economically and exposing them to a considerable degree of traumatization as a result of their grave post-traumatic stress disorder symptoms. The incapacitation of veterans and refugees for work or for family-related activities in the professionally and reproductively most active period of their lives, along with mental handicaps, have certainly accentuated their feeling of inferiority and negative future-related expectations. This is why our patients/war victims needed not only psychiatric assistance in their mental rehabilitation, but also broader psychosocial support from their families and from the relevant professional and social networks.

20. According to the latest estimates made by the World Health Organization, the number of refugees, displaced persons and those living in war-torn areas of the former Yugoslavia totals around 4 million, of which the health of at least

800,000 (20 per cent) has been impaired as a result of grave war-related traumatic stress reactions (the symptoms of a completely or partially developed post-traumatic stress disorder). If we add around 200,000 more with peacetime traumatic stress reactions, we shall see that 10 per cent (or 2 million) of the total population of the former Yugoslavia has in the past few years experienced at least one extreme or disastrous peacetime psycho-trauma and that at least 10 per cent thereof (or 200,000) is now suffering from the resulting mental reactions. All this brings the grand total of persons in the former Yugoslavia who are at present in need of psychosocial and mental-health assistance resulting from grave traumatic stress reactions (WHO, 1994) to around 1 million people.